



I, (Legal Name) \_\_\_\_\_ residing at (Home Address) \_\_\_\_\_

hereby to the following:

1. That I am participating in the Health & Fitness Programs, Classes, or Workshops offered by Core Evolution, LLC during which I will receive information and instruction about health and fitness, including, but not limited to, Megaformer™ classes, private training and lifestyle coaching. I recognize that fitness programs require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the strength training program. I represent and warrant that I am sufficiently physically fit to participate in the strength training instruction offered by Core Evolution, LLC, and I have no medical condition that would prevent my participation.

3. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Core Evolution, LLC for any injury or death caused by their negligence or other acts of omission.

4. In consideration of being permitted to participate in the Health & Fitness Programs, Classes, or Workshops offered by Core Evolution, LLC, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in any of the programs.

5. In consideration of being permitted to participate in the Health & Fitness Programs, Classes, or Workshops offered by Core Evolution, LLC, I knowingly, voluntarily, and expressly waive any claim I may have against Core Evolution, LLC for any injury or damages that I may sustain as a result of participating in any of the programs.

6. This agreement shall be governed by the laws of the State of Florida, and shall be adjudicated exclusively by a court of competent jurisdiction in Palm Beach County, Florida. All disputes will be settled in arbitration.

7. It is my responsibility to make the instructor aware of any injuries that may call for modification at the beginning of class.

8. Do you have any physical injuries that Core Evo Holdings, Inc. Or its affiliates and our instructor should be aware of?

YES \_\_\_\_\_ NO \_\_\_\_\_

If answered yes to 8: Please Specify your injury(s): \_\_\_\_\_

9. I recognize that I have physical injury(s) and I am choosing to participate in the Lagree Fitness Method Program.

\_\_\_\_\_  
(Initial Here)

I have watched the video "Anatomy of a Megaformer", have asked any questions and feel comfortable using the Megaformer machine.

\_\_\_\_\_  
(Initial Here)

**AGREEMENT OF RELEASE AND WAIVER**

10. The prevailing party in any disputes arising under or relating to this Agreement shall be entitled to reimbursement for reasonable attorney fees and associated costs from the non-prevailing party. Cost of arbitration legal proceedings will be borne equally by both parties.

11. This agreement constitutes the entire agreement between the parties with respect to the subject matter hereof. It supersedes any and all prior agreements, oral or written between the parties with respect to such subject matter, I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

*I have read the above release and waiver of liability and fully understand its contents. By signing below, I voluntarily agree to the terms and conditions stated above.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

Are you a certified Lagree Fitness Instructor? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, what studio do you teach at? \_\_\_\_\_

If another client referred you, please let us know whom: \_\_\_\_\_